

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 4801 Viewpoint Place			Amount <span style="border: 1px solid black; padding: 2px;">180.00</span>		
City Cheverly		State MD	Zip Code 20781		Transaction ID : D456187
Purpose of Expenditure Fliers		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">147894.81</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 4801 Viewpoint Place			Amount <span style="border: 1px solid black; padding: 2px;">1597.50</span>		
City Cheverly		State MD	Zip Code 20781		Transaction ID : D456189
Purpose of Expenditure Fliers		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">1777.50</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 05 / 2012</p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Workers' Voice

FEC IDENTIFICATION NUMBER ▼

C

C00484287

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Mosaic

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 4801 Viewpoint Place

Amount

City

State

Zip Code

Cheverly

MD

20781

900.00

Transaction ID : D456190

Purpose of Expenditure  
FliersCategory/  
Type

004

Office Sought:

☒

House

State:

PA

☐

Senate

District:

12

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MARK CRITZ

Calendar Year-To-Date Per Election  
for Office Sought

57756.80

Disbursement For: ☐ Primary☒

General

2012

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mosaic

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 4801 Viewpoint Place

Amount

City

State

Zip Code

Cheverly

MD

20781

1305.00

Transaction ID : D456191

Purpose of Expenditure  
FliersCategory/  
Type

004

Office Sought:

☐

House

State:

WI

☒

Senate

District:

00

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

TOMMY G THOMPSON

Calendar Year-To-Date Per Election  
for Office Sought

109773.64

Disbursement For: ☐ Primary☒

General

2012

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

2205.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

M M M /

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# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>1305.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D456192</b>
Purpose of Expenditure <b>Fliers</b>		Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>109773.64</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Mosaic</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>1597.50</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D456193</b>
Purpose of Expenditure <b>Fliers</b>		Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Willard Mitt Romney</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>566760.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2902.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	

  

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.78</div>	
City Washington	State DC	Zip Code 20005	Transaction ID : D456195
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">53521.85</div>	

  

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.78</div>	
City Washington	State DC	Zip Code 20005	Transaction ID : D456196
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">26446.57</div>	

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">75.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature \_\_\_\_\_ Date 

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# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78	
City Washington	State DC	Zip Code 20005	Transaction ID : D456197
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 147894.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 37.78	
City Washington	State DC	Zip Code 20005	Transaction ID : D456198
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26446.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75.56
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 05 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>			
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 03 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount <span style="border: 1px solid black; padding: 2px;">51.79</span>	
City Washington	State DC	Zip Code 20005	Transaction ID : D456199
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">121453.24</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 03 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount <span style="border: 1px solid black; padding: 2px;">51.79</span>	
City Washington	State DC	Zip Code 20005	Transaction ID : D456200
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">121453.24</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<span style="border: 1px solid black; padding: 2px;">103.58</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶		<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures.....▶		<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Ms. Elizabeth H Shuler</u>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 05 / 2012	
[Electronically Filed]			

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 89.57	
City Washington	State DC	Zip Code 20005	Transaction ID : D456201
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 566760.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 1325 Massachusetts Ave. NW		Amount 89.57	
City Washington	State DC	Zip Code 20005	Transaction ID : D456202
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 566760.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	179.14
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 05 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>			Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 555 New Jersey Ave. N.W.			Amount 102.30	
City Washington	State DC	Zip Code 20001	Transaction ID : D456203	
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 109773.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>			Date MM / DD / YYYY 10 / 03 / 2012	
Mailing Address 555 New Jersey Ave. N.W.			Amount 102.30	
City Washington	State DC	Zip Code 20001	Transaction ID : D456204	
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 109773.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	204.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 05 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>135.18</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D456205</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CONNIE MACK</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>121453.24</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>135.18</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D456206</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>121453.24</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>270.36</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 10 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>		
Mailing Address 11720 Beltsville Drive #700			Amount <span style="border: 1px solid black; padding: 2px;">194.36</span>		
City Beltsville		State MD	Zip Code 20705		Transaction ID : D456207
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">57756.80</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>		
Mailing Address 11720 Beltsville Drive #700			Amount <span style="border: 1px solid black; padding: 2px;">194.36</span>		
City Beltsville		State MD	Zip Code 20705		Transaction ID : D456208
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">43176.14</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">388.72</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>194.36</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D456209</b>
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Bob Casey</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>43176.14</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>		Amount <b>194.36</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D456210</b>
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>57756.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>388.72</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 12 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>219.19</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D456211</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>53521.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>555 New Jersey Ave. N.W.</b>		Amount <b>219.19</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D456212</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL JOHNSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>26446.57</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>438.38</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 13 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 03 / 2012</b>		
Mailing Address <b>555 New Jersey Ave. N.W.</b>			Amount <span style="border: 1px solid black; padding: 2px;">219.19</span>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D456213</b>		
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: <b>OH</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">147894.81</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 03 / 2012</b>		
Mailing Address <b>555 New Jersey Ave. N.W.</b>			Amount <span style="border: 1px solid black; padding: 2px;">219.19</span>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D456214</b>		
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House State: <b>OH</b> <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Charlie Wilson</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">26446.57</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">438.38</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 05 / 2012</b></p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 14 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 11720 Beltsville Drive #700			Amount <span style="border: 1px solid black; padding: 2px;">301.86</span>		
City Beltsville		State MD	Zip Code 20705		Transaction ID : D456215
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">121453.24</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 11720 Beltsville Drive #700			Amount <span style="border: 1px solid black; padding: 2px;">301.86</span>		
City Beltsville		State MD	Zip Code 20705		Transaction ID : D456216
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">121453.24</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">603.72</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 10 / 05 / 2012</p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>			Amount <b>321.82</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D456217</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>WI</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY G THOMPSON</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>109773.64</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>11720 Beltsville Drive #700</b>			Amount <b>321.82</b>	
City <b>Beltsville</b>	State <b>MD</b>	Zip Code <b>20705</b>	Transaction ID : <b>D456218</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>WI</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>109773.64</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>643.64</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 16 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 03 / 2012</b>		
Mailing Address <b>555 New Jersey Ave. N.W.</b>			Amount <span style="border: 1px solid black; padding: 2px;">456.67</span>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D456219</b>		
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Willard Mitt Romney</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee <b>AFT Solidarity 527</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 03 / 2012</b>		
Mailing Address <b>555 New Jersey Ave. N.W.</b>			Amount <span style="border: 1px solid black; padding: 2px;">456.67</span>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D456220</b>		
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;">913.34</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Ms. Elizabeth H Shuler</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 05 / 2012</b>	

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 17 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date 10 / 03 / 2012	
Mailing Address 100 Indiana Avenue, N.W.		Amount 541.66	
City Washington	State DC	Zip Code 20001	Transaction ID : D456221
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 57756.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date 10 / 03 / 2012	
Mailing Address 100 Indiana Avenue, N.W.		Amount 541.66	
City Washington	State DC	Zip Code 20001	Transaction ID : D456222
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43176.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1083.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

10 / 05 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 18 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>541.66</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D456223</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Bob Casey</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>43176.14</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>541.66</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D456224</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>57756.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1083.32</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 19 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>815.70</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D456225</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY G THOMPSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>109773.64</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>815.70</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D456226</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WI</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>109773.64</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1631.40</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 20 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>1083.32</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D456227</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CONNIE MACK</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>121453.24</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>1083.32</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D456228</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>121453.24</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2166.64</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

  

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 11720 Beltsville Drive #700			Amount <span style="border: 1px solid black; padding: 2px;">1376.75</span>		
City Beltsville	State MD	Zip Code 20705	Transaction ID : D456229		
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

  

Full Name (Last, First, Middle Initial) of Payee <b>Plasterers' Cement Masons' &amp; Shop Hands Political Action Committee</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 11720 Beltsville Drive #700			Amount <span style="border: 1px solid black; padding: 2px;">1376.75</span>		
City Beltsville	State MD	Zip Code 20705	Transaction ID : D456230		
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

  

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">2753.50</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
10 / 05 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 1625 L Street, NW		Amount <b>1383.94</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456231</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KEITH ROTHFUS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>57756.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 1625 L Street, NW		Amount <b>1383.94</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456232</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOM SMITH</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>43176.14</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2767.88</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 23 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">1383.94</span>		
City Washington State DC Zip Code 20036		Transaction ID : D456233			
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">43176.14</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">1383.94</span>		
City Washington State DC Zip Code 20036		Transaction ID : D456234			
Purpose of Expenditure In Kind Staff		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">57756.80</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">2767.88</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 05 / 2012</p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 24 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 1625 L Street, NW		Amount <b>2667.49</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456235</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>53521.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 1625 L Street, NW		Amount <b>2667.49</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456236</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL JOHNSON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>26446.57</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>5334.98</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 25 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 1625 L Street, NW		Amount <b>2667.49</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456237</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>147894.81</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 1625 L Street, NW		Amount <b>2667.49</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456238</b>
Purpose of Expenditure In Kind Staff	Category/ Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>26446.57</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5334.98</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 26 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.			Amount <b>2700.23</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D456239</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <b>00</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>566760.54</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 100 Indiana Avenue, N.W.			Amount <b>2700.23</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D456240</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <b>00</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>566760.54</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>5400.46</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 27 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 1625 L Street, NW			Amount <b>3819.97</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456241</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CONNIE MACK</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>121453.24</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address 1625 L Street, NW			Amount <b>3819.97</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456242</b>	
Purpose of Expenditure In Kind Staff		Category/ Type <b>001</b>	Office Sought: <input type="checkbox"/> House State: <b>FL</b> <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BILL NELSON</b>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>121453.24</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>7639.94</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 28 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

  

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">7871.40</span>		
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456243</b>		
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>		
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		

  

Full Name (Last, First, Middle Initial) of Payee <b>AFSCME Special Account</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 1625 L Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">7871.40</span>		
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D456244</b>		
Purpose of Expenditure In Kind Staff		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">15742.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
10 / 05 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 29 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>NGP VAN, INC.</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 1225 Eye Street, NW Suite 1225			Amount <span style="border: 1px solid black; padding: 2px;">7500.00</span>		
City Washington State DC Zip Code 20005		Transaction ID : D456518			
Purpose of Expenditure Predictive Dialer Calls		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶			
Full Name (Last, First, Middle Initial) of Payee <b>Extras, Inc.</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 151 East Lost Toritos			Amount <span style="border: 1px solid black; padding: 2px;">478.37</span>		
City Weslaco State TX Zip Code 78596		Transaction ID : D456751			
Purpose of Expenditure Canvassers		Category/ Type 001		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">41067.44</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">7978.37</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> 10 / 05 / 2012	

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 30 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

  

Full Name (Last, First, Middle Initial) of Payee <b>Extras, Inc.</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 151 East Lost Toritos			Amount <span style="border: 1px solid black; padding: 2px;">478.37</span>		
City Weslaco	State TX	Zip Code 78596	Transaction ID : D456752		
Purpose of Expenditure Canvassers		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		

  

Full Name (Last, First, Middle Initial) of Payee <b>Extras, Inc.</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012		
Mailing Address 151 East Lost Toritos			Amount <span style="border: 1px solid black; padding: 2px;">478.37</span>		
City Weslaco	State TX	Zip Code 78596	Transaction ID : D456754		
Purpose of Expenditure Canvassers		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">956.74</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
10 / 05 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 31 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 03 / 2012</b>		
Mailing Address <b>815 - 16th Street, NW</b>			Amount <span style="border: 1px solid black; padding: 2px;">318.90</span>		
City <b>Washington</b>		State <b>DC</b>		Zip Code <b>20006</b>	
Purpose of Expenditure <b>Walk Packets</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>D456253</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Barack Obama</b>			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <b>00</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 03 / 2012</b>		
Mailing Address <b>815 - 16th Street, NW</b>			Amount <span style="border: 1px solid black; padding: 2px;">95.56</span>		
City <b>Washington</b>		State <b>DC</b>		Zip Code <b>20006</b>	
Purpose of Expenditure <b>Walk Packets</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>D456256</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DEAN HELLER</b>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NV</b> District: <b>00</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">41067.44</span>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;">414.46</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 05 / 2012</b>	

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 32 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>113.53</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D456258</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOSH MANDEL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>53521.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>		Date MM / DD / YYYY <b>10 / 03 / 2012</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>113.53</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D456259</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sherrod Brown</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>147894.81</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>227.06</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 05 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 33 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>		
Mailing Address 815 - 16th Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">164.36</span>		
City Washington State DC Zip Code 20006		Transaction ID : D456260			
Purpose of Expenditure Walk Packets		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">43176.14</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶			
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>		
Mailing Address 815 - 16th Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">164.36</span>		
City Washington State DC Zip Code 20006		Transaction ID : D456261			
Purpose of Expenditure Walk Packets		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">43176.14</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">328.72</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>	

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 03 / 2012</b>		
Mailing Address <b>815 - 16th Street, NW</b>			Amount <span style="border: 1px solid black; padding: 2px;">318.90</span>		
City <b>Washington</b>		State <b>DC</b>		Zip Code <b>20006</b>	
Purpose of Expenditure <b>Walk Packets</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>D456264</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Willard Mitt Romney</b>			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <b>00</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566760.54</span>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 03 / 2012</b>		
Mailing Address <b>815 - 16th Street, NW</b>			Amount <span style="border: 1px solid black; padding: 2px;">18.26</span>		
City <b>Washington</b>		State <b>DC</b>		Zip Code <b>20006</b>	
Purpose of Expenditure <b>Walk Packets</b>		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : <b>D456266</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY BALDWIN</b>			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>00</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">109773.64</span>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;">337.16</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Elizabeth H Shuler</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> <b>10 / 05 / 2012</b>	

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 35 OF 35  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287								
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>											
Full Name (Last, First, Middle Initial) of Payee <b>AFL-CIO</b>			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 03 / 2012								
Mailing Address 815 - 16th Street, NW			Amount <span style="border: 1px solid black; padding: 2px;">18.26</span>								
City Washington State DC Zip Code 20006		Transaction ID : D456267									
Purpose of Expenditure Walk Packets		Category/ Type 004		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President							
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">109773.64</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶								
Full Name (Last, First, Middle Initial) of Payee			Date								
Mailing Address			<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>								
City State Zip Code			Amount								
Purpose of Expenditure		Category/ Type		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President							
Name of Federal Candidate Supported or Opposed by Expenditure:				Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....</td> <td style="width: 40%; text-align: right;"><span style="border: 1px solid black; padding: 2px;">18.26</span></td> </tr> <tr> <td>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....</td> <td style="text-align: right;"><span style="border: 1px solid black; padding: 2px;"></span></td> </tr> <tr> <td>(c) <b>TOTAL</b> Independent Expenditures.....</td> <td style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">75576.57</span></td> </tr> </table>						(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">18.26</span>	(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>	(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">75576.57</span>
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">18.26</span>										
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>										
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">75576.57</span>										
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 05 / 2012</p>											